



Washington State  
Department of Social  
& Health Services

## AFFIDAVIT OF FORGED ENDORSEMENT

DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
OFFICE OF ACCOUNTING SERVICES (OAS)  
DISBURSEMENTS  
PO BOX 45845  
OLYMPIA WA 98504-5845

STATE OF WASHINGTON

001 Fund

COUNTY OF \_\_\_\_\_

Warrant Number: \_\_\_\_\_

Case Number: \_\_\_\_\_

I, \_\_\_\_\_, being named payee of the state of Washington

Warrant Number \_\_\_\_\_, dated \_\_\_\_\_, 20 \_\_\_\_\_

in the amount of \$ \_\_\_\_\_, do hereby state that my name as signed on the back of said warrant is a forgery, and that I have not endorsed said warrant; nor have I benefited in any way from the proceeds therefrom.

I hereby solemnly swear and affirm under penalty of perjury that this is a true and correct statement.

NOTARY SEAL

PAYEE

STREET ADDRESS

CITY

STATE

ZIP CODE

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

NOTARY PUBLIC

in and for the State of Washington, residing at: \_\_\_\_\_  
CITY

My appointment expires: \_\_\_\_\_.

### WITNESSES: REQUIRED IF SIGNED BY THE ABOVE PAYEE BY MARK (X)

1	WITNESS' SIGNATURE	DATE	PRINT NAME (WITNESS' NAME) HERE	
	STREET ADDRESS	CITY	STATE	ZIP CODE
2	WITNESS' SIGNATURE	DATE	PRINT NAME (WITNESS' NAME) HERE	
	STREET ADDRESS	CITY	STATE	ZIP CODE

**94.72.030 PERJURY IN THE SECOND DEGREE.** (1) A person is guilty of perjury in the second degree if, with intent to mislead a public servant in the performance of his duty, he makes a materially false statement, which he knows to be false under an oath required or authorized by law. (2) Perjury in the second degree is a Class C felony.

COPIES: Original and one copy - Disbursements; Copy - Financial File

## FOR OFFICE USE ONLY

### INSTRUCTIONS AFFIDAVIT OF FORGED ENDORSEMENT, DSHS 09-052(X)

#### A. USE

Use this form when notified by Disbursements that a previously declared lost, stolen, or destroyed warrant has been cashed and the client claims the signature is a forgery. See Affidavit Lost, Stolen or Destroyed Assistance Warrant, DSHS 07-008(X).

Disbursements sends a copy of the cashed warrant to the Community Services Office so the client can verify if the signature on the warrant is their own. If the client states the signature on the warrant is not theirs, initiate the DSHS 09-052(X) and send it to Disbursements.

Disbursements screens the DSHS 09-052(X) before sending it to the State Treasurer. When the State Treasurer receives a DSHS 09-052(X) from Disbursements, they use the form to reclaim funds paid in error to a cashing institution because of a warrant forgery. Return the completed form immediately so that collection can be pursued by the Treasurer's Office.

#### B. COMPLETION

1. Print or have typed:
  - a. The county in which the forged endorsement is notarized.
  - b. The complete warrant number. Use a separate affidavit for each warrant.
  - c. The complete case number.
  - d. The payee's name.
  - e. The complete warrant number.
  - f. Date and year of issued warrant.
  - g. Amount of warrant.
  - h. Signature of payee (person who signed warrant). If there is a Protective Payee (PP), the PP must sign the form not the client.
  - i. Address of payee.
2. The payee must sign the form in the presence of a Notary Public.
3. The Notary Public will complete the remainder of the form.

#### C. DISTRIBUTION

1. Send notarized original and one copy to: OAS/Disbursements, Mail Stop: 45845.
2. File one copy in the Financial Case Record.

Send an English version of the form when sending a notarized original and one copy of a non-English version of the DSHS 09-052(X). The English version of the form does not require the client's signature.